

Entered - 11/02/00 - sb
CL 00L0662 - GWENDOLYN BURNS



01-R-0693

CLAIM OF: JAMIE J. GOODE
2414 Glenwood Drive, NE
Atlanta, Georgia 30305

For property damages alleged to have been sustained from a ruptured
water main on September 4, 2000 at 2414 Glenwood Drive, NE.

THIS ADVERSED REPORT IS
APPROVED

BY:


ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY 

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0662

Date: May 2, 2001

Claimant /Victim JAMIE J. GOODE
BY: (Atty) (Ins. Co.) _____
Address: 2414 Glenwood Drive, NE, Atlanta, Georgia 30305
Subrogation: _____ Claim for Property damage \$ 27,773 Bodily Injury \$ _____
Date of Notice: 11/01/00 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 9/4/00 Place: 2414 Glenwood Drive, NE
Department PUBLIC WORKS Division SEWER OPERATIONS
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that his home sustained damage from a ruptured water main. He further contends that the main ruptured when its foundation was wash out by water entering the street from a deteriorated manhole and a cave-in that occurred some months prior to the break. An investigation determined that the cave-in was repaired approximately two months prior to the main break and there were no voids or open cavities found underneath the street surrounding the cave-in that would have indicated that a water seepage or erosion problem had developed as a result of the opening. Furthermore, the manhole was inspected and found to be in good condition.

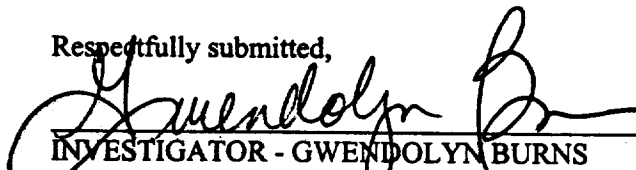
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved X Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager: _____ Concur/date _____
Committee Action: _____ Council Action _____

BURNS
11/01/00
[Signature]

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: Oct. 31, 2000

ENTERED - 11-2-00 - SB
00L0662 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ _____ property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of Incident: 9/14/2000 2. Time of Incident: 4:30 pm 3. Police called: Yes ☒ No ☐
(month/day/year)

4. Location of incident (including street address): _____
5. Name of your insurance company: AMICA *claim agent* Policy No. SHAMEEM AWAN

6. State what and how incident occurred: See Attached.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____ (Make) _____ (Tag Number) _____ (Driver's Name)

City vehicle: _____ (Make) _____ (City Driver's Name) _____ (Department/Bureau)

9. Witness: _____ (Name) _____ (Address) _____ (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Jamie J. Goode
Signature of Claimant

JAMIE J. GOODE
(Print Claimant's Name)

2414 GLENWOOD DR NE
(Address)

ATLANTA GA 30305
(City, State and Zip Code)

404.237.0133
(Work Number) (Home Number)

01- -0693